

Company Authorization Form for Licensing (Form AL-CAL-1)

Please use this form to identify the individuals within your company who are authorized to sign on behalf of your company in appointing producers, service representatives, or managing general agents, or terminating said appointments.

Company Name: _____
NAIC Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: (____) _____
Fax Number: (____) _____

Authorized Individual:

Signature of Authorized Individual

Title of Authorized Individual

(Circle One) Add / Delete

Authorized Individual:

Signature of Authorized Individual

Title of Authorized Individual

(Circle One) Add / Delete

Authorized Individual:

Signature of Authorized Individual

Title of Authorized Individual

(Circle One) Add / Delete

Authorized Individual:

Signature of Authorized Individual

Title of Authorized Individual

(Circle One) Add / Delete

DO NOT WRITE IN SPACE

Please send the completed form and a copy to:

**Alabama Department of Insurance
Producer Licensing Division
P O Box 303351
Montgomery, AL 36130-3351
Or
Fax: 334-240-3282**

**The copy will be returned to you
indicating the information is now
on file with the department.**